

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002458

FILED
Feb 16, 2009
Secretary of State

Entity Name: LAURA BETH FERGUSON GROUP, INC.

Current Principal Place of Business:

460 HORIZONS WEST, APT. 201
BOYNTON BCH, FL 33435

New Principal Place of Business:

Current Mailing Address:

460 HORIZONS WEST, APT. 201
BOYNTON BCH, FL 33435

New Mailing Address:

FEI Number: 75-3116007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON, M.C.
460 HORIZONS WEST, APT. 201
BOYNTON BCH, FL 33435 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BOWE, KATE F
Address: 101 B PERRY COURT
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: FERGUSON, M.C.D.
Address: 118 CARLISLE WAY
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: BENNETT, BRETT A
Address: 4433 NORTH PAULINA APT 3
City-St-Zip: CHICAGO, IL 60640

Title: ED () Delete
Name: FERGUSON, M.C.
Address: 460 HORIZONS WEST, APT 201
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BOWE, KATE F
Address: 500 HOPI
City-St-Zip: PATRICKAFB, FL 32925

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MUIR C. FERGUSON

DIR

02/16/2009

Electronic Signature of Signing Officer or Director

Date